

Bacterial Analysis of Drinking Water Request Form

Please fill in all of the gray areas.

See Back For Instructions



State of Idaho
Bureau of Laboratories
2220 Old Penitentiary Rd.
Boise, ID 83712
208-334-2235
EPA Lab No. ID00018

<input type="checkbox"/> Public Drinking Water System		PWS ID No.	
<input type="checkbox"/> Private Drinking Water			
Public Water System Name		Regulatory Agency <input type="checkbox"/> SWDH <input type="checkbox"/> DEQB <input type="checkbox"/> CDH <input type="checkbox"/> Other _____	
Report Results to:		Attention	
Mailing Address		Phone Number	
City	State	Zip Code	County
Name of Collector	Date Collected	For PWS only, Date of original positive sample	
Person Transporting Sample to Lab	Condition of Transport	<input type="checkbox"/> Cooled <input type="checkbox"/> Carrier <input type="checkbox"/> Mail <input type="checkbox"/> Other _____	

All samples will be analyzed for Total Coliforms unless otherwise requested.

LABORATORY USE	SAMPLE DESCRIPTION				RESULTS			
Sample Identification Number	Sample Type Code	Sample Location	Time Collected (Military)	Chlorine Residual PPM	Total Coliforms		Fecal coliform or <i>E. coli</i>	
					Standard Method	Result	Standard Method	Result

Sample Type Codes

RS- Routine Sample

RP-Repeat Sample (At original tap)

X – Other Repeat

W – Untreated (source)

U – Upstream Repeat

C – Construction/Special

D – Downstream Repeat

E – Enforcement (chain of custody required)

Chain-of-Custody Information

Relinquished by:	Date:	Time:	Received by:	Relinquished by:	Date:	Time:	Received by:
Relinquished by:	Date:	Time:	Received by:	Relinquished by:	Date:	Time:	Received by:

Special Instructions:

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Get your forms on the web at: <http://www.healthy.idaho.gov> ; select 'Lab Submission Forms'

LABORATORY USE ONLY

Shipper: _____ # Bottles / Sample: _____ Container Type: _____

Date / Time Received: _____ Received By: _____ Lab Sample #: _____

Payment _____ Lab Order ID: _____

Updated 2/15/06